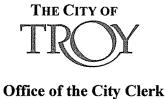
City Clerk 433 River St. Troy NY 12180



**Phone (518) 279-7134** Fax (518) 270-4639

rax (318) 21

## DOG LICENSE APPLICATION

License #	
Date Issued	Expiration Date

OWNER IDENTIFICATION (Person who I If owner is less than 18 years of age, parent or guardian shall be <u>Last Name</u>			ion must be completed by them.
Mailing Address: Street	City	of Troy, NY	<u>Zip</u>
Do you own this property or are you a tenan	<u>nt?</u>		
If tenant, give the name and phone # of you	<u>r landlord:</u>		
Phone #:	Year of Dog's Birth:		
Dog Breed:	<u>Male</u> :	Female:	Spayed/Neutered: Y/N
Dog's Name:	Dog	's Color/Marking	<u>us:</u>
* Exemption: Guide, war, police, work, hea	ring, service d	ogs must have do	cumentation
Type of license FEE Spayed/Neutered \$15.00 Unspayed/Unneutered \$20.00 Senior Citizen (w/proof of Age 65 or older)	§ 7.50	Owner's Sign	nature:
NYS Driver's License or Non-Drivers License	se:	Сору	of Rabies Certificate Attached

City Clerk
433 River St.
Troy Ny 12180



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## **LANDLORD PERMISSION FORM**

owner of	, Troy, NY
hereby give permission as landlord to my tenant,	
of said address, to keep dog(s) at said address.	
Landlord's signature:	
Notarization:	
PF 1-10-2014	